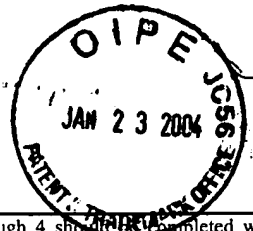


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Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
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7590

10/24/2003

DEL CHRISTENSEN
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<i>Tammy Vanden</i>	(Depositor's name)
<i>Tammy Vanden</i>	(Signature)
<i>1-21-04</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/841,299	04/24/2001	Eric Pierre de Rouffignac	5659-02500/EBM	3896

TITLE OF INVENTION: IN SITU THERMAL PROCESSING OF A HYDROCARBON CONTAINING FORMATION TO INCREASE A POROSITY OF THE FORMATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	01/26/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SUCHFIELD, GEORGE A	3672	166-302000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2	_____
3	_____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

*Shell Oil Company**Houston Texas*Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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- ☒ Advance Order - # of Copies 10

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 014-1800 (enclose an extra copy of this form).

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(Authorized Signature) *[Signature]* (Date) *Dec 22, 2003*

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01/28/2004 MGBREH2 00000107 191800 09841299

01 FC:1501	1330.00 DA
02 FC:1504	300.00 DA
03 FC:8001	30.00 DA

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